

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

CLAIMS				SERIAL NO.		FILING DATE		
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
53								
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96								
97								
98								
99								
100								
TOTAL IND.	2							
TOTAL DEP.	137							
TOTAL CLAIMS	137							
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								